

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

101365343

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4	1					
5	1					
6	1					
7	1					
8		1				
9	1					
10	1					
11	1					
12	1					
13		1				
14	1					
15	1					
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18		1				
19	1					
20	1					
21	1					
22	1					
23	1					
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25	10					
26	1					
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28	1					
29	10					
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49						
50						
TOTAL IND.	13		↓		↓	↓
TOTAL DEP.	34	←		←	←	←
TOTAL CLAIMS	47					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						